## **AFFIDAVIT OF FORGED WARRANT**

The records of the			of Arkans	sas
Agency reflect that		was issued Warrant number		
Payees(s) exactly a	as original warrant	was is	Sueu Warrani nui	IIDEI
	Dated	, in the amour	nt of \$	, the
Correct Fiscal Year and Number	Date			
same being in payment of				
Inv	oice # Agency # F	und Center Commitm	nent Item Fund	
Social Security #	Gross Pay	<del>,</del>	Withholding	
Address – Payroll Only				
Daytime Telephone #		Disbursi	ng Officer	
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	
I/We,	, state that:			
Payee (s)		,		
4. I have no kno person havin 5. If this warrant	thorized another per wledge of the where og received cashed of t is presented for pa ment on same is a fo	eabouts of the warr or endorsed the wa yment, the endorse	ant or of any othe rrant.	er
Payee Signature	Payee Signatu		:	
Address		Address		
City, State, Zip Code		City, State, Zip C	Code	
Daytime Telephone # ON THIS THE appeared	DAY OF	Daytime Tele	phone # , before me persc	 onally
appeared	ment and acknowled	dged that they sign	ed, sealed, execu	ho ited and
		NOTARY PUB	LIC	
		My commission		State

## INSTRUCTIONS – FILING OF AFFIDAVIT OF FORGED WARRANT FORM

- 1. Disbursement officer must complete form including agency, warrant number, date of issue, amount, invoice number, agency code, fund center (appropriation), commitment item (character code), fund, and disbursing officer's manual signature.
- 2. For payroll warrants, fill in social security number, daytime telephone number and address, gross pay, and withholding. For payroll warrants, this form is not required to be notarized. The <u>entire</u> form must be completed in order to process a forgery.
- 3. For warrants other than payroll, the complete form must be filled out and notarized the top portion by the agency disbursing officer; the bottom by the payee(s). If there is more than one payee, BOTH must sign.